



FOREST STEWARDSHIP PROGRAM

MANAGEMENT PLAN WRITING GRANT APPLICATION

This information is required by Authority of Part 5 of Act 451, P.A., 1994, as amended, and the U. S. Cooperative Forestry Assistance Act of 1978, CFDA 10.664, in order to be considered for a grant

Name of Applicant/Organization	Name of Applicant's Contact Person
Address	Telephone Number ()
City, State and Zip Code	Federal Employer Identification Number (FEIN) / Social Security Number
Telephone Number ()	Certified Plan Writer Name(s)
E-mail Address	
Estimated Number of Management Plans to be Completed	Amount of Grant Requested (maximum 50% of total project amount) \$
Estimated Total Number of Acres	Amount of Match (minimum of 50% of total project amount) \$
Narrative (Optional)	

Are you currently debarred or suspended for participation in Federal Assistance programs? ☐ Yes ☐ No

(See Application Information - IC 4065-4A)

I certify that the above information is true and accurate to the best of my knowledge.

Applicant or Designated Representative's Signature

Date

For further information contact the Forest Stewardship Coordinator at: (517) 335-3355

Submit completed application to: **FOREST STEWARDSHIP PROGRAM**
FOREST, MINERAL AND FIRE MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30452
LANSING MI 48909-7952